

## **Affidavit of Support Instructions**

The United States Citizenship and Immigration Service (USCIS) requires that the University of Kansas Medical Center (KUMC) have proof of funding for your studies here before we issue you an I-20 or DS-2019. In addition, international students are required to certify that they (will) have enough funds to complete their studies at KUMC, plus travel expenses.

Please complete this form and submit the appropriate documentation. You will need similar documentation to prove to a United States Consular Officer that you have enough funds for your study at KUMC, in order to receive a visa. Therefore, we suggest that you keep copies of all these documents.

Academic demands at KUMC do not normally allow time for employment. Consequently, you should not rely on employment as a significant means of support while attending KUMC. If you wish to work, either on-campus or off-campus, you must receive approval from International Programs. Permission to work off-campus is difficult to obtain.

**COST OF ATTENDANCE:** The cost of attending the University of Kansas Medical Center has been estimated by the department of Student Financial Accounting to be approximately: US\$35,000 for 12 months for undergraduate students; \$32,500 for graduate students. Contact the Office of International Programs for expenses related to certificate programs. Each accompanying dependent increases expenses by US\$3,180 per year.

These figures were calculated by surveying groups of similar students to determine what they spend while attending KUMC. The amount includes expenses for tuition, fees, books, supplies, room, board, personal items, health insurance, health care, and transportation. The budget provides for a moderate standard of living in the Kansas City area and assumes that single students share accommodations with a roommate.

### **DOCUMENTATION REQUIRED:**

Note: Documentation more than 6 months old is not valid for the issuance of an I-20 or DS-2019.

#### **Personal Funds:**

- An official letter on your bank's letterhead with the bank's stamp, or a current bank statement, which shows amount of monies available. You may provide evidence from more than one account that you hold.

#### **Parents/Other Family or Private Sponsor:**

- A notarized or affirmed personal letter expressing the ability and intent to provide financial support for the applicant and dependent(s), if any. This letter must also state the specific amounts and duration by dates of support to be provided.

#### **AND**

- An official letter on the sponsor's bank's letterhead with the bank's stamp, or a current bank statement, verifying funds available. A sponsor may provide evidence from more than one account.

#### **OR**

- BCIS Form I-134—Affidavit of Support (available at <http://www.ins.usdoj.gov/graphics/formsfee/forms/files/i-134.pdf>).

#### **KUMC Funding:**

- A copy of the KUMC school/departmental letter offering you assistance, detailing the amounts and duration.

#### **AND**

- A copy of your letter of acceptance of the terms of the assistance.

#### **Government, Home University or Company/Organization Support:**

- An official letter on the organization's formal letterhead, stating the terms of sponsorship, amount and duration of support, travel expenses, funds for dependents (where applicable), etc.

## Affidavit of Support

An I-20 or DS2019 is requested for each of the following individuals to obtain a visa (attach separate page, if needed, for additional dependents):

<b>Applicant's Name:</b> _____			Date of Birth: _____
Family	First	Middle (complete)	MM/DD/YYYY

Name: _____			Date of Birth: _____
Family	First	Middle (complete)	MM/DD/YYYY
Birthplace: _____	Relation: husband	wife	daughter son
City and Country			

Name: _____			Date of Birth: _____
Family	First	Middle (complete)	MM/DD/YYYY
Birthplace: _____	Relation: husband	wife	daughter son
City and Country			

**FINANCIAL SUPPORT WILL BE PROVIDED BY THE FOLLOWING SOURCE(S):**

Note: Documentation more than 6 months old is not valid for the issuance of an I-20 or DS-2019.

Name(s): _____	Name(s): _____
Address: _____	Address: _____
_____	_____
_____	_____

**CERTIFICATION OF FUNDING SOURCE**

I understand that the cost of my first year of study at the University of Kansas Medical Center will be approximately: US\$34,000 for undergraduate studies; \$31,000 for graduate studies; \$33,000 for Certificate in Dietetics and Nutrition; or \$25,000 for Certificate in Nuclear Medicine or Cardiac Sonography. I certify that this amount is available to me and will be designated to pay for tuition, fees, books, insurance, living expenses, and any other costs associated with my studies at the University of Kansas Medical Center. Furthermore, I certify that adequate funding for my dependents (if any) and the additional required years of my study program will also meet the amounts listed. I shall notify International Programs at KUMC of any change in my financial circumstances.

Student Signature \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
 (Date) (Printed Name of Witness)

Signature of Witness \_\_\_\_\_